



CITY OF WARWICK
DIVISION OF MANAGEMENT INFORMATION SERVICES
3275 POST ROAD
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SCOTT AVEDISIAN
MAYOR

Oscar K Shelton, Jr.
ACTING DIRECTOR

City of Warwick Server Maintenance RFP - FY 13 / 14

Proposer Qualification & References – Table 1-1

Company Name: _____

Qualifications:

- 1.1. Proposer shall respond to all of the qualifying criteria listed below. If additional space is required, attach separate sheets.
- 1.2. Is Proposer and its technicians trained and licensed to replace parts, provide appropriate service, and install software / firmware for all products proposed herein?
- Yes _____ No _____
- 1.3. Are any products / services proposed herein to be supplied by sub-contractors?
- Yes _____ No _____
- 1.4. If yes, are sub-contractors and there technicians trained and licensed to replace parts, provide appropriate service, and install software / firmware for all products proposed herein?
- Yes _____ No _____
- 1.5. Does Proposer agree to provide “Class A” (new) manufactured parts, and materials for the proposed service of *Equipment*?

Yes _____ No _____

1.6. Proposer has been continuously active in providing Server Maintenance service and support for years.

1.7. Does Proposer have the ability to install and maintain, for the service period Equipment and/or software required to maintain the servers?

Yes _____ No _____

1.8. Will Proposer provide only authorized and fully tested, non-beta software / firmware, fully and legally licensed by the replacement hardware manufacturer?

Yes _____ No _____

1.9. Proposer has available in the local area full time technicians who are trained and certified in installing of hardware, software, and / or firmware.

Yes _____ No _____

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REFERENCES:

2. Proposer shall provide the following information for at least five (5) clients to whom the Proposer has supplied similar *Equipment* and / or service(s) to in the Rhode Island, Massachusetts, and Connecticut areas. At least two (2) of the following shall be governmental agencies:

Client Name	
Location	
Contact Person	
Telephone Number	
<i>Equipment</i> Supplied	

Client Name	
Location	
Contact Person	
Telephone Number	
<i>Equipment</i> Supplied	

Client Name	
Location	
Contact Person	
Telephone Number	
<i>Equipment</i> Supplied	

Client Name	
Location	
Contact Person	
Telephone Number	
<i>Equipment</i> Supplied	

Client Name	
Location	
Contact Person	
Telephone Number	
<i>Equipment Supplied</i>	

3. The undersigned certifies that all information provided in the Proposer Qualification and References is complete, true and accurate.

Signature _____

Company _____

Printed Name _____

Title _____

Date _____